

UNCLASSIFIED
TELEGRAM

March 27, 2007

To: AMEMBASSY TRIPOLI - ROUTINE
Origin: PER
From: SECSTATE WASHDC (STATE 39214 - ROUTINE)
TAGS: AMGT, APER
Captions: None
Subject: UPDATE - A COMPREHENSIVE GUIDE ON PREGNANCY AND RELATED
ISSUES
Ref: 00131471, 07/14/05

TO HUMAN RESOURCES/ADMINISTRATIVE OFFICERS FROM BUREAU OF
HUMAN RESOURCES, OFFICE OF EMPLOYEE RELATIONS (HR/ER/EP)

1. SUMMARY: For families assigned abroad, pregnancy and childbirth are reasons for both joy and confusion. To help our Foreign Service employees and family members who have questions about leave, medical evacuation to the U.S. and to locations abroad, and other pregnancy-related issues, the Bureau of Human Resources has updated its comprehensive guide, last issued in July, 2005. END SUMMARY

2. We ask that management and human resources officers distribute this guide widely among their missions and keep a copy on file at post. References to the Foreign Affairs Manual are included so that management and human resources officers and employees may access complete details of regulations. Employees interested in adoption should consult the Foreign Affairs Handbook, 3 FAH-1 H-3423, regarding the use of sick leave for adoption, and the Intercountry Adoption Guidelines for the Foreign Service Family found on the website for the Bureau of Human Resources, Family Liaison Office.

Subjects Included:

Item 3 Coverage
Item 4 Non-Coverage
Item 5 Prohibition Against Pregnancy Discrimination
Item 6 Leave Options
Item 7 Medical Travel
Item 8 Travel Reservations

Item 9 Per Diem
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is Born
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Item 18 Passport
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3. Coverage: This guidance applies to all American Citizen Department of State Foreign Service employees, Eligible Family Members (EFM), and other agency employees who are covered under the Department of State's Medical Program (reference 16 FAM 110).

4. Non-Coverage: This guidance does not apply to Foreign Service National employees (FSNs) (ref. 5 USC 6301) and other locally employed staff (LE Staff) including Rockefeller hires, Personal Services Contract/Agreement personnel (PSC) (3 FAM 8100 Appendix A section 171.1), non-FMA employees on Temporary Appointments (Note: FMA employees on intermittent non-work schedules (INWS) are eligible for applicable benefits as an EFM only), or any other individuals not participating in the Department of State's Medical Program.

5. Prohibition Against Pregnancy Discrimination: The Pregnancy Discrimination Act is an amendment to Title VII of the Civil Rights Act of 1964. Discrimination on the basis of pregnancy, childbirth or related medical conditions constitutes unlawful sex discrimination under Title VII. Women affected by pregnancy or related conditions must be treated in the same manner as other applicants or employees with similar disabilities or limitations. See <http://www.eeoc.gov/facts/fs-preg.html> For more details.

6. Leave Options: For leave purposes, the definition of a serious health condition includes pregnancy, childbirth, and recuperation from childbirth (5 CFR 630.201). Birth mothers and fathers may use leave as described below. Appropriate medical documentation determines the amount of sick leave that can be used by both birth mother and father and is required except when an employee is on home leave, annual leave, or staying home with a well baby. A medical certificate is a written statement signed by a

registered practicing physician or other practitioner, certifying the incapacitation, examination or treatment, or to the period of disability while the patient was receiving professional treatment. For family care, employees may provide a written statement from the health care provider concerning the family member's need for psychological comfort and/or physical care. Home leave may be used only if home leave orders coincide with the birth and recuperation, and it may not be used when invoking the Family and Medical Leave Act.

For additional information, refer to 3 FAM 3530 and 3 FAH-1 H-3530 on the Family and Medical Leave Act (FMLA), 3 FAM 3420 and 3 FAH-1 H-3420 on sick leave, 3 FAM 3410 and 3 FAH-1 3410 on annual leave, 3 FAM 3340 on the Voluntary Leave Transfer Program, and 3 FAM 3510 and 3 FAH-1 H-3510 on leave without pay. The Office of Personnel Management (OPM) regulations implementing the FMLA for Federal government employees can be found in 5 C.F.R. Part 630 and online at <http://www.opm.gov/oca/leave/HTML/fmlafac2.asp>.

Leave Used by the Birth Mother

--Accrued Sick Leave - Employee is entitled to use accrued sick leave for the period of incapacitation for pregnancy, childbirth, and recuperation from childbirth.

--Advance Sick Leave - When there is insufficient accrued sick leave, up to 240 hours of advance sick leave may be requested.

--Accrued Annual Leave - May be requested, but approval is at the discretion of the leave approving official unless the employee is invoking FMLA.

--Advance Annual Leave - May be requested and approved at discretion of the supervisor for an amount that does not exceed the number of hours the employee would earn through the end of the current leave year.

--Leave Without Pay - Employee is entitled to LWOP for period of incapacitation and/or for bonding with baby when invoking the FMLA.

--Voluntary Leave Transfer Program - May be requested for the birth mother's period of medical incapacitation if all annual and sick leave have been exhausted. Medical documentation determines duration in program.

Family and Medical Leave Act - The FMLA, and OPM's implementing regulations pertaining to federal employees, entitle employees up to a maximum of 12 weeks of unpaid absence in a 12-month period for the following purposes: (1) the birth of a son or daughter of the employee and the care of such son or daughter (bonding with the baby); (2) the placement of a son or daughter with the employee for adoption or foster care; (3) the care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or (4) a serious health condition of the employee that makes the employee unable to perform the

essential functions of his or her position. Supervisors should ensure that expectant parents are fully aware of their rights and responsibilities under the FMLA. Employees (both full-time and part-time) with 12 months of government service are eligible to invoke the FMLA. Annual leave may be substituted for LWOP. FMLA does not have to be invoked until entitlement to applicable accrued sick leave has been exhausted. Advance notice of 30 days must be given when possible, and if FMLA is invoked because of a serious health condition, appropriate medical certification must be submitted.

Under FMLA, if appropriate medical certification demonstrates that the employee or an immediate family member has a serious health condition requiring the employee to take intermittent leave or LWOP, the intermittent time off must be granted. If the employee would prefer to take intermittent leave or LWOP to bond with the baby, the request may be granted at the discretion of the supervisor. If granted, the employee can be temporarily placed in an available alternative position for which the employee is qualified and that can better accommodate recurring periods of time off, as long as the employee is eventually returned to his or her position or an equivalent position.

The FMLA may be invoked to bond with the baby at any time during the 12-month period following the baby's birth. Leave or LWOP must be concluded one year from the birth of the baby. Sick leave may not be substituted for LWOP to bond with a well baby.

Leave Used by the Father

--Accrued Sick Leave - Employee is entitled to use up to 104 hours per leave year to accompany the birth mother to doctor's appointments and to provide general family care, and up to 480 hours during her period of incapacitation for pregnancy, childbirth, and recuperation from childbirth. Sick leave used to care for a family member for general family care and for a serious health condition may not exceed a total of 480 hours per leave year.

--Advance Sick Leave - When there is insufficient accrued sick leave, employee may request an advance of up to 104 hours to accompany the birth mother to medical appointments and to provide general family care, and up to 240 hours when required for the birth mother's incapacitation due to pregnancy, childbirth, and recuperation from childbirth. Advance sick leave for all purposes related to the pregnancy/childbirth may not exceed 240 hours.

--Annual Leave - May be used to care for the birth mother during her incapacitation, but approval is at the discretion of the supervisor unless the FMLA is invoked.

--Advance Annual Leave - May be requested and approved at

the discretion of the supervisor for a period of hours not to exceed the number of hours to be earned by the employee through the end of the current leave year.

--Leave Without Pay - Employee is entitled to up to 12 weeks of LWOP to care for the birth mother during her incapacitation or for the new baby with a medical condition, and/or to bond with the baby, if the FMLA is invoked.

--Voluntary Leave Transfer Program - May be requested for the period of the birth mother's incapacitation if the father has exhausted all annual leave and all accrued sick leave permitted when caring for a family member. Medical documentation determines duration in the program.

Family Medical Leave Act - For eligibility, see Leave Used by the Birth Mother. The Act entitles employees up to a maximum of 12 weeks of unpaid absence under the FMLA to care for the birth mother during her period of incapacitation (duration determined by medical documentation), to care for a new baby with a medical condition, and/or to bond with the baby. Annual leave may be substituted for LWOP, but sick leave may not be substituted for LWOP to bond with a well baby. FMLA may be invoked to bond with the baby at any time in the 12-month period following the baby's birth, but the employee's absence must be completed no later than one-year from the date of the birth of the baby. Thirty days notice must be given whenever possible when invoking the FMLA. FMLA does not have to be invoked until the employee exhausts his entitlement to use his accrued sick leave to care for the birth mother.

The mother and father may use accrued sick leave to care for a baby with a medical condition and for any doctor's appointments, subject to the limits on use of accrued sick leave to care for a family member.

Leave Without Pay - An approving official at post may approve LWOP not exceeding 90 calendar days. Requests for LWOP of more than 90 calendar days must be submitted to the employee's Career Development Officer in HR/CDA for approval. For all LWOP requests in excess of 80 hours, Form SF-50, "Notice of Personnel Action" must be completed.

Employees who take LWOP for more than 14 days at one time (whether at post or away from post) will not receive any allowances while they are in LWOP status. Post Differential and Danger Pay are suspended the day the employee enters a non-pay status regardless of the length of the LWOP.

(Note: The following paragraphs (7-22) apply to employees and EFMs covered by the Department of State Medical

Program. Employees of other agencies, and their EFMs, must also check with their agencies for assistance with infant passports, health insurance, travel orders, travel vouchers, and return travel.) Please consult checklist at post before departure for delivery in the United States.

7. Medical Travel

A. To the United States

The Office of Medical Services (MED) recommends a pregnant employee or EFM member return to the United States for delivery. Medical travel will be authorized, unless such travel is superseded by other U.S. Government-funded travel, such as Home Leave or Permanent Change of Station (PCS).

Medical travel funding for expectant mothers will be authorized to any location in the continental United States, Alaska or Hawaii rather than just to the first point of entry into the U.S. (Reference 3 FAM 3715.2-2). Per diem funding will be at the rate of the specified U.S. location. The patient should depart from post no later than six weeks prior to the expected date of delivery and is expected to return to post six weeks after delivery, if it is medically appropriate for her to travel at that time.

Post should alert the Regional Medical Officer (RMO) or the Foreign Service Health Practitioner (FSHP) of the planned medical evacuation. Post is required to send a telegram to M/MED/FP requesting authorization for the medical evacuation (MEDEVAC). M/MED will reply with:

- 1) a MED CHANNEL telegram authorizing the MEDEVAC; and
- 2) an OPEN CHANNEL telegram providing a fund cite for medical travel for STATE employees or their family members (other agency employees must request fiscal data from their sponsoring agency).

MEDEVAC authorization telegrams contain other important instructions on administrative matters such as a letter of authorization for hospitalization (Form DS-3067) issued by M/MED, medical insurance, processing and reimbursement of medical claims, and medical clearances for the mother and newborn (ref 3 FAM 3713.5-3). Employees are urged to review these cables carefully and to seek clarification promptly of any questions.

B. Travel and Per Diem to a Location Abroad Away from Post

If the expectant mother elects to deliver abroad and away from post, travel will be cost constructed based on travel

costs to Washington, D.C. This means, transportation costs and per diem are paid at either Washington, D.C. based rates or those of the chosen MEDEVAC locality, whichever cost is lower. MED will authorize a MEDEVAC abroad only from a post with inadequate obstetrical and neonatal care to a location with suitable and adequate obstetrical and neonatal care. This suitability determination will be made by MED/Foreign Programs. Women planning an obstetrical MEDEVAC abroad are advised to contact MED/Foreign Programs through their Health Unit early in their pregnancy to determine suitability/adequacy of obstetrical and neonatal care at the proposed MEDEVAC location.

The expectant mother must have a local physician willing to assume her prenatal and obstetrical care upon arrival at the MEDEVAC location abroad, as well as a local pediatrician to provide newborn care.

Travel back to post will be authorized for the mother and the infant only after a medical approval has been issued for each of them by M/MED/FP.

C. Travel From U.S. to an Assignment Abroad

A woman who is in the United States for training, home leave, or pending U.S.-to-post transfer, and who is at 28 weeks or greater gestation will not be cleared to go abroad until 4-6 weeks after delivery. MED may pay per diem, based on the given circumstances, for the woman to stay in the U.S. to deliver if she is on post-to-post orders, but is prevented from transferring due to this 28-week rule. Per diem cannot be approved for a pregnant woman or newborn transferring from a U.S. assignment to an assignment abroad, even if the departure is delayed due to this 28 week rule. An employee may receive Separate Maintenance Allowance (SMA) payments on behalf of his pregnant EFM spouse and any children who remain in the U.S. with the spouse provided that it reasonably appears that the employee and family members will be separated for at least 30 consecutive calendar days. Employees may apply for SMA benefits using form SF-1190 (Foreign Allowances Application, Grant and Report) and are urged to apply before the separation so that benefits may commence as soon as the employee and eligible family members are separated. (See Department of State Standardized Regulations, Section 262 and 263 for more details.) Depending on the circumstances, a decision to place the EFM spouse and any family members on voluntary SMA and not on the employee's travel orders constitutes the initial election under DSSR 264.2(2). (See DSSR 262.4(a))

8. Travel Reservations

Travel cannot commence until MEDEVAC and fund cite telegrams have been issued, but reservations can be made beforehand. The ticket must be issued with an open return. The policies of American carriers require that the pregnant employee or covered eligible family member depart post not later than six weeks prior to the expected delivery date. Medical considerations, however, may dictate an earlier departure from post.

9. Per Diem

A. The Department's Office of Medical Services authorizes up to 90 days total of per diem for the combined period before and after delivery, usually six weeks each, to a pregnant employee or eligible family member MEDEVACED to the United States or elsewhere. Periods of hospitalization are not covered by per diem. Generally, per diem is not extended beyond six weeks after delivery. Per diem in excess of 90 days, but not to exceed 180 days, may be authorized by the Medical Director or designee or the Foreign Service medical provider when there is a clear medical complication necessitating early departure from post or delayed return to post. Per diem for newborns is authorized at one-half of the applicable local rate, excluding periods of hospitalization.

B. To the greatest extent possible, obstetrical travel should be scheduled to coincide with other non-medical travel, such as home leave or transfer orders, to avoid the necessity of additional medical travel expense. No per diem may be granted while on home leave. Minimum home leave, when transferring to another assignment abroad, is 20 workdays and maximum is 45 workdays (Reference 3 FAM 3430) for employees and their eligible family members. When transferring to a domestic assignment, the maximum number of home leave days authorized is 25 workdays (3 FAM 3435.1).

C. Per diem will not be extended for delays in obtaining a passport for the newborn.

(Note: HR/CDA/AD technicians mentioned in the following paragraphs are located in Room 4250, SA-3, phone: 202-663-0405, fax: 202-663-0449.)

10. Layette Shipment/UAB Shipment

If the employee is at post, a layette shipment is permitted when suitable layettes are not available at post. A layette shipment is a separate airfreight allowance not to exceed 250 pounds gross weight for a newborn child or an adopted child less than five years of age who is an eligible family member. Once post has determined and certified that suitable layettes are not

available locally (14 FAM 613.5), post must submit a cable to employee's HR technician (HR/CDA/AD) requesting that the employee's original travel orders be amended to authorize a layette shipment. This telegram must include post certification of unavailability. After the orders are amended, the employee must contact the Office of Transportation and Travel Management Division (A/LM/OPS/TTM) in the Department to make arrangements for onward shipment (Phone: 202-647-4140/4141 or from outside the Washington, D.C. area, toll free 800-424-2947; fax: 202-647-4956; e-mail TransportationQuery@state.gov). The employee or eligible family member will arrange for a family member/friend/store in the U.S. to obtain a layette if s/he has not already done so before going to post. The family member/friend/store may also coordinate with A/LM/OPS/TTM for shipping. Air shipment of the layette may commence up to 120 days prior to an expected birth, and must commence no later than 60 days after the birth of the child.

If the employee has not yet arrived at post, the travel authorization will be amended to add the newborn child as an additional EFM, and to add the appropriate unaccompanied air baggage (UAB) shipping weight entitlement, usually 100 or 150 pounds depending on the total number of EFMs included on the travel authorization.

11. Information/Documents to Take With You

The MEDEVACed employee or EFM should carry the name and telephone number of employee's HR/CDA/AD technician and take with her a blank FORM OF-126 ("Foreign Service Residence and Dependency Report") and a blank diplomatic or regular passport application. She should also take medical records pertaining to the pregnancy, in English, including test results and prenatal care; and insurance information for the attending doctor's office in the United States. MED/Foreign Programs will provide a Form DS-1622 ("Medical History and Examination for Foreign Service") for children 11 years and under before the employee/family member is medically evacuated. Read instructions carefully and provide any information requested in MED channel telegrams. Issues to address while in the United States:

12. M/MED Contact

Upon arrival in U.S., the employee mother or EFM must call M/MED Foreign Programs office located in State Annex 1, 2401 E. Street, NW, Room L-209, phone: 202-663-1662. This is necessary for arrival notification and administrative assistance.

13. Health Insurance

The Federal Employees Health Benefits program requires that all in-patient confinements must undergo pre-certification in the United States. Therefore, the employee mother or EFM or doctor must call her insurance company prior to admission to the hospital to give birth (or within two working days in the event of an emergency hospitalization) to receive full insurance benefits. To ensure maximum insurance coverage, employee mother or EFM should choose a preferred provider within the scope of her private health insurance. M/MED pays the deductible and co-insurance for covered pregnancies when a "Letter of Authorization" (Form DS-3067) is issued by Med/Foreign Programs after initial contact with Foreign Programs upon arrival in the U.S. on MEDEVAC. An employee serving under an FMA or Temporary appointment on intermittent non-work schedules (INWS) or LWOP status should review her medical coverage if she has elected self-coverage.

An employee on LWOP may make arrangements with her/his human resources office at post or in the appropriate bureau Executive Office to repay health insurance premiums when s/he returns to duty. It is the employee's responsibility to make sure that the baby is added to his/her health insurance policy. If the parents are both U.S. federal government employees who each have self-only coverage, two SF-2809s must be completed to terminate one self-only plan and change the other to family coverage. Questions regarding this or other health insurance issues on the addition of a child should be faxed to HR/ER/WLP, 202-261-8182 or an e-mail message sent to Shelly V. Kornegay.

14. Working in the Department Before/After the Baby is Born (State employees only)

An expectant mother who has her baby in the United States generally spends at least six weeks in the U.S. prior to the delivery of her baby, and 45 days after delivery. If she travels to the Washington D.C. area and desires to work at the Department during this time, a short-term detail in the employing bureau or in another bureau may be possible through the employing bureau's Executive Director and Human Resources officer. If the pregnant employee works a short-term detail in the Department, she will be considered on work status without charge to leave, and M/MED will continue to authorize per diem.

15. Child Care for Siblings

An employee in the U.S. for childbirth may be eligible for

assistance with the cost of care of eligible children who accompanied employee from post through the Department's Child Care Subsidy Program. Family income must qualify and care must be provided at licensed facilities. Program requirements are found at http://hrweb.hr.state.gov/prd/hrweb/er/worklife/DependentCare/Childcare/child_care.html

16. Birth Certificate

The first step in getting the baby back to post is obtaining the birth certificate. Hospitals typically start the paperwork. The process can sometimes be expedited if the employee/EFM explains the special circumstances (i.e., the baby cannot travel to post without a passport, which can only be issued with a birth certificate). It is advisable to obtain two certified copies of the birth certificate, one to be used for passport processing.

In the case of a child born overseas, the parents should apply at the ACS Unit in the country where the baby was born for a "Consular Report of Birth Abroad," which is the record of the birth abroad of a U.S. citizen. Under U.S. law, the document is full proof of U.S. citizenship and although not a birth certificate, may serve as a birth certificate in the U.S. Both parents should also simultaneously apply for a regular passport, to be issued immediately at post, and a diplomatic (dip) passport to be issued by the Special Issuance Agency in Washington, D.C. The processing time for the dip passport is not long, and is usually expedited for overseas applications, especially in urgent situations. The ACS unit should mail the application for the diplomatic passport to the Passport Special Issuance Agency by overnight courier, and the passport will be returned in the same manner.

17. Adding the New Baby as a Dependent

The new baby must be listed as a dependent in the Family Management System. Send a copy of the birth certificate and completed, signed OF-126 "Foreign Service Residence and Dependency Report" to the employee's (HR/CDA/AD) technician. The technician will enter the baby into the employee's records. The baby cannot be formally added to the employee's orders until medically cleared (see Medical Clearances below). M/MED cannot medically clear the baby until the baby is entered into the system. M/MED will notify HR/CDA/AD that the infant is medically cleared for travel, and the technician will amend the employee's orders to include the newborn (does not apply to infants born at post). A copy of the orders will then be forwarded to the Travel Management Center.

18. Passport

The baby must have a passport (preferably diplomatic), and in many cases, a visa as well, to travel to post. The baby cannot travel on the parent's passport. Application for the passport will require the personal appearance of both parents and the infant before an authorized acceptance agent in the country where the newborn is located. If both parents cannot be present, the reason must be explained in a notarized statement from the absent parent, who also gives consent to issuance of the infant's passport.

For employees or eligible family members in the Washington, D.C. area, the employee's HR/CDA/AD technician prepares form DS-1640 ("Request for Passport Services") authorizing issuance of a no-fee Diplomatic Passport for the baby and forwards it to Passport Services, Special Issuance Agency (202-955-0198). There is also a passport desk located in the Employee Services Center (Room 1252, hours: 9:00 a.m. to 2:45 p.m.).

For employees or eligible family members outside of the D.C. area, there are two options:

A. a regular passport may be issued in approximately six weeks at any regional passport office for \$82 which includes a \$52 passport fee and a \$30 execution fee. Urgent cases can be processed quickly, but require payment of an additional \$60 fee to expedite; or

B. a diplomatic passport may be obtained quickly at no cost, but additional time may be needed to allow for visa processing. For information regarding diplomatic passport issuance and visa requirements, please contact passport services at 202-955-0198 or e-mail them at diplomatictravel@state.gov prior to the baby's birth.

When the baby is born and has been added to the employee's orders, the HR/CDA/AD technician can fax or mail to the mother a completed Form DS-1640 authorizing issuance of a no-fee diplomatic passport for the child. Present the DS-1640 and a completed passport application including photos, at either a regional passport office or an authorized U.S. passport acceptance agency, such as a local post office or clerk of court (for help locating the nearest acceptance facility see <http://travel.state.gov/>).

Provide the acceptance agent with a stamped express mail envelope addressed to Passport Services, Special Issuance Agency, 1111 19th St., N.W. Suite 200, Washington, D.C. 20036, Attn: Diplomatic Travel Branch. See paragraph 16 above regarding passport applications for children born abroad.

19. Medical Clearances

MED provides medical clearance services for all agencies that participate in the Department of State's Medical Program. A medical clearance may be granted after the mother's obstetrician and baby's pediatrician provide M/MED/FP (Foreign Programs (202) 663-1662) with necessary medical information to accomplish the clearance action. The pediatrician must complete Form DS-1622 (Medical History and Examination for Foreign Service for Children Under 11 years). This must be done when the baby is a minimum of four weeks of age, but within 90 days of birth. The completed form must be forwarded to M/MED/FP by fax to 202-663-3247, if on MEDEVAC. If not on MEDEVAC, the form must be forwarded to M/MED/MR. To enroll a new baby as an eligible family member in the Department of State Medical Program, an OF-126 (Foreign Service Residence and Dependency Report) must be submitted to the HR/CDA/AD Technician. All other agencies must send a Memorandum of Eligibility to M/MED/MR.

20. Medical Records

Employees/eligible family members are reminded to hand-carry or fax pertinent medical records to the responsible physician at post for appropriate follow-up.

21. Return Travel

The newborn requires an airline ticket to return to post. Employee or EFM may call the Travel Management Center (TMC) (1-866-654-5593) at HST for reservations for mother and baby or visit the TMC, Room 1243, HST. Remember that travel to post may take place only after medical clearances have been issued (MEDEVACed mothers and their infants are cleared by M/MED/FP) and after the HR/CDA/AD technician has provided the Travel Management Center with a copy of the amended travel orders. Depending on circumstances, the TMC may either mail the baby's ticket or provide a prepaid ticket at the airport on the day of travel.

22. Travel Vouchers

Employees are responsible for keeping track of travel voucher expenses. Vouchers must be completed by Department of State employees and submitted within seven workdays following completion of travel as required by 4 FAH-3 H4651.1-1a.

Within ten workdays following receipt of the completed travel voucher, post is requested to report to M/MED/EX

the dollar amount of transportation, per diem, taxi, and miscellaneous expenses claimed on the voucher.

23. Minimized considered.
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Additional Addressees:
ALL DIPLOMATIC AND CONSULAR POSTS

cc:
None

Distribution:

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FM SECSTATE WASHDC
TO ALL DIPLOMATIC AND CONSULAR POSTS COLLECTIVE
AMEMBASSY TRIPOLI

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INFORM CONSULS; FOR MGMT, HR, HEALTH OFFICES FROM HR/ER

E.O. 12958: N/A
TAGS: AMGT, APER
SUBJECT: UPDATE - A COMPREHENSIVE GUIDE ON PREGNANCY AND
RELATED ISSUES

REF: 00131471, 07/14/05

End Cable Text